

FINANCIAL PLANNING SEMINAR REGISTRATION

SECTION I: CalPERS Regional Offices

SACRAMENTO

400 Q Street, Lincoln Plaza East
Suite 1820
Sacramento, CA 95814
FAX (916) 795-7878

SAN FRANCISCO

301 Howard St.
Suite 2020
San Francisco, CA 94105
FAX (415) 369-8501

GLENDALE

655 North Central Ave.
Suite 1400
Glendale, CA 91203
FAX (818) 662-4304

SAN BERNARDINO

650 East Hospitality Lane
Suite 330
San Bernardino, CA 92408
FAX (909) 806-4820

FRESNO

10 River Park Place East
Suite 230
Fresno, CA 93720
FAX (559) 440-4901

SAN JOSE

181 Metro Drive
Suite 520
San Jose, CA 95110
FAX (408) 451-8001

ORANGE

500 No. State College Blvd.
Suite 750
Orange, CA 92868
FAX (714) 939-4701

SAN DIEGO

7676 Hazard Center Drive
Suite 350
San Diego, CA 92108
FAX (619) 220-7201

To Register: Call (888) CalPERS (888-225-7377) or Mail/FAX Form to Appropriate CalPERS Office

*Privacy Statement: Providing the Social Security Number is voluntary in accordance with the Information Practices Act of 1977 and the Privacy Act of 1974 (PL93-679). If provided, the Social Security Number may be used by departments to maintain records of training requested and attended by members.

SECTION II: Seminar Information

CHECK ONE ☐ **ACHIEVING FINANCIAL SECURITY** ☐ **RETIREMENT & ESTATE PLANNING**

BOX ONLY: (For members *more than 10 years* from retirement) (For members *10 or less years* from retirement)

First Choice	Date	Location
Second Choice	Date	Location
Third Choice	Date	Location

SECTION III: Member Information

Member's Social Security No.: **Member's Name:** Last First (Print or Type)

Employer:

Disability Accommodation: ☐ Auditory ☐ Mobility ☐ Visual ☐ Other

Type of Accommodation Needed (Please specify):

SECTION IV: Spouse/Partner Information

Will Spouse/Partner Attend? ☐ YES **Is Spouse/Partner a CalPERS Member?** ☐ YES (If YES, complete this section)

Spouse/Partner's Social Security No.: **Spouse/Partner's Name:** Last First (Print or Type)

Spouse/Partner's Employer:

SECTION V: Enrollment Notification Information

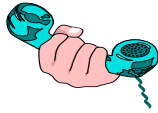
Where Should Enrollment Notification Be Sent? ☐ to MEMBER ☐ to EMPLOYER

Employer's Name: **Daytime Telephone Number:**

Division and ARU/MIC: (if applicable)

Member's or Employer's Address: **Contact Person (if applicable)**

City, State, and Zip Code: **Your Daytime Phone Number:**



QUESTIONS?

CALL TOLL FREE (888) CalPERS (225-7377)

Notification of Enrollment

An initial letter of enrollment notification will be mailed to the member.

A second notification letter with program materials will be mailed approximately two weeks before the seminar date.

Cancellations

If you find that you will be unable to attend your scheduled seminar, please phone your cancellation to CalPERS at Toll Free (888) CalPERS (225-7377).

Additional Information

For specific information regarding the seminars (facility, address, etc.), contact CalPERS at Toll Free (888) CalPERS (225-7377).

CalPERS Web Site - www.calpers.ca.gov

